	Carolyn Frame				
In re	Charles Frame		Case No.	09-15727	
		Debtor(s)			

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF	DEBTOR AND SPOUSE		
Married	RELATIONSHIP(S): None.	AGE(S):		
Employment:	DEBTOR	SPOUS	E	
Occupation	office manager			
Name of Employer	Guild Mortgaga			
How long employed	1 year			
Address of Employer				
INCOME: (Estimate of avera	ge or projected monthly income at time case filed)	DEBTOR		SPOUSE
1. Monthly gross wages, salar	y, and commissions (Prorate if not paid monthly)	\$ 4,157.00	<u> </u>	0.00
2. Estimate monthly overtime		\$	<u> </u>	0.00
3. SUBTOTAL		\$	<u> </u>	0.00
4. LESS PAYROLL DEDUC				
a. Payroll taxes and socia	al security	\$ 833.00	_	0.00
b. Insurance		\$ 282.00	_	0.00
c. Union dues		\$ <u>0.00</u> \$ 0.00		0.00
d. Other (Specify):		\$ 0.00		0.00
5. SUBTOTAL OF PAYROL	L DEDUCTIONS	\$1,115.00	<u>0</u> \$_	0.00
6. TOTAL NET MONTHLY	TAKE HOME PAY	\$3,042.00	<u> </u>	0.00
	tion of business or profession or farm (Attach detailed statem			0.00
8. Income from real property		\$ 0.00		0.00
<ul><li>9. Interest and dividends</li><li>10. Alimony maintenance or s</li></ul>	support payments payable to the debtor for the debtor's use or	\$ 0.00	<u> </u>	0.00
dependents listed above 11. Social security or governm		\$ \$	<u> </u>	0.00
(Specify): Social Security of governing Security Secur		\$\$	<u>o</u> \$	2,263.00
		\$0.00	_	0.00
12. Pension or retirement inco	ome	\$1,000.00	<u>)</u> \$_	1,197.25
13. Other monthly income (Specify): <b>Monavie</b>	network marketing	\$ 6,000.00	<b>o</b> \$	0.00
		\$ 0.00	_	0.00
14. SUBTOTAL OF LINES 7	THROUGH 13	\$9,262.00	<u>0</u> \$_	3,460.25
15. AVERAGE MONTHLY I	\$ <u>12,304.0</u> (	<u> </u>	3,460.25	
16. COMBINED AVERAGE	5) \$	15,764	1.25	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: **None anticipated** 

In re	Carolyn Frame Charles Frame		Case No.	09-15727	
		Debtor(s)			

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

Rent or home	☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Comple expenditures labeled "Spouse."	ete a separa	te schedule of
a. Are real estate taxes included?	1. Rent or home mortgage payment (include lot rented for mobile home)	\$	5.881.00
Describe the property insurance included?   Yes   No   X		Ψ	
2. Utilities: a. Electricity and heating fuel b. Water and sewer c. Telephone d. Other Other d. Other Other 3. Home maintenance (repairs and upkeep) 4. Food 5. Clothing 5. Clothing 6. Laundry and dry cleaning 7. Medical and dental expenses 8. Transportation (not including car payments) 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 10. Charitable contributions 11. Insurance (not deducted from wages or included in home mortgage payments) 12. Homeowner's or renter's 13. Listed (Specify) 14. Auto 15. Clothing 16. Auto 17. Other 18. Auto 18. Auto 18. Auto 18. Auto 18. Auto 18. Auto 19. Other 19.			
D. Water and sewer   C. Telephone		\$	400.00
c. Telephone         \$ 200.00           d. Other Other         \$ 700.00           3. Home maintenance (repairs and upkeep)         \$ 200.00           4. Food         \$ 200.00           6. Laundry and dry cleaning         \$ 100.00           7. Medical and dental expenses         \$ 200.00           8. Transportation (not including car payments)         \$ 500.00           9. Recreation, clubs and entertainment, newspapers, magazines, etc.         \$ 400.00           10. Charitable contributions         \$ 200.00           11. Insurance (not deducted from wages or included in home mortgage payments)         \$ 200.00           12. Life         \$ 200.00           a. Homeowner's or renter's         \$ 200.00           b. Life         \$ 200.00           c. Health         \$ 0.00           d. Auto         C. Other         \$ 0.00           12. Taxes (not deducted from wages or included in home mortgage payments)         \$ 0.00           (Specify)         \$ 0.00           13. Installment apayments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plant)         \$ 0.00           a. Auto         b. Other         \$ 0.00           b. Other         \$ 0.00           c. Other         \$ 0.00           d. Alimony, maintenance, and support paid to			0.00
A. Other   Other   S   700.00     A. Home maintenance (repairs and upkeep)   \$ 200.00     A. Food   \$ 600.00     D. Clothing   \$ 200.00     D. Clothing   \$ 200.00     D. Laundry and dry cleaning   \$ 200.00     D. Laundry and dry cleaning   \$ 200.00     D. Medical and dental expenses   \$ 200.00     D. Medical and dental expenses   \$ 200.00     D. Recreation, clubs and entertainment, newspapers, magazines, etc.   \$ 400.00     D. Charitable contributions   \$ 400.00     D. Charitable contributions   \$ 200.00     D. Life   \$ 1,667.00     D. Life   \$ 0.00     D. Life   \$ 0.00     D. Statallment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)     D. Statallment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)     D. Other   \$ 0.00     D. Other		· <del></del>	
4. Food         \$ 600.00           5. Clothing         \$ 200.00           6. Laundry and dry cleaning         \$ 100.00           7. Medical and dental expenses         \$ 200.00           8. Transportation (not including car payments)         \$ 500.00           9. Recreation, clubs and entertainment, newspapers, magazines, etc.         \$ 400.00           10. Charitable contributions         \$ 200.00           11. Insurance (not deducted from wages or included in home mortgage payments)         \$ 200.00           a. Homeowner's or renter's         \$ 200.00           b. Life         \$ 1,667.00           c. Health         \$ 200.00           d. Auto         \$ 200.00           c. Other         \$ 0.00           13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the b. Other         \$ 0.00           (Specify)         \$ 0.00           b. Other         \$ 0.00           c. Other         \$ 0.00           14. Alimony, maintenance, and support paid to others         \$ 0.00           c. Other         \$ 0.00           15. Payments for support of additional dependents not living at your home         \$ 0.00           16. Regular expenses from operation of business, profession, or farm (attach detailed statement)         \$ 0.00           1		\$	
4. Food         \$ 600.00           5. Clothing         \$ 200.00           6. Laundry and dry cleaning         \$ 100.00           7. Medical and dental expenses         \$ 200.00           8. Transportation (not including car payments)         \$ 500.00           9. Recreation, clubs and entertainment, newspapers, magazines, etc.         \$ 400.00           10. Charitable contributions         \$ 400.00           11. Insurance (not deducted from wages or included in home mortgage payments)         \$ 200.00           a. Homeowner's or renter's         \$ 200.00           b. Life         \$ 1,667.00           c. Health         \$ 200.00           d. Auto         \$ 200.00           e. Other         \$ 0.00           13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the b. Other         \$ 0.00           (Specify)         \$ 0.00           14. Alimony, maintenance, and support paid to others         \$ 0.00           15. Payments for support of additional dependents not living at your home         \$ 0.00           16. Regular expenses from operation of business, profession, or farm (attach detailed statement)         \$ 0.00           17. Other         \$ 0.00           Other         \$ 0.00           18. AVERAGE MONTHLY EXPENSE (Total lines 1-17. Report also on Summary of	3. Home maintenance (repairs and upkeep)	\$	
6. Laundry and dry cleaning       \$ 100.00         7. Medical and dental expenses       200.00         8. Transportation (not including car payments)       \$ 500.00         9. Recreation, clubs and entertainment, newspapers, magazines, etc.       \$ 400.00         10. Charitable contributions       \$ 400.00         11. Insurance (not deducted from wages or included in home mortgage payments)       \$ 200.00         a. Homeowner's or renter's       \$ 200.00         b. Life       \$ 0.00         c. Health       \$ 0.00         d. Auto       \$ 0.00         e. Other       \$ 0.00         13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)       \$ 0.00         13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)       \$ 0.00         14. Alimony, maintenance, and support paid to others       \$ 0.00         15. Payments for support of additional dependents not living at your home       \$ 0.00         16. Regular expenses from operation of business, profession, or farm (attach detailed statement)       \$ 0.00         17. Other       \$ 0.00         19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year       \$ 11,848.00         19. Describe any increase or decrease in expenditures reasonably anticipated to occur within		\$	600.00
6. Laundry and dry cleaning       \$ 100.00         7. Medical and dental expenses       200.00         8. Transportation (not including car payments)       \$ 500.00         9. Recreation, clubs and entertainment, newspapers, magazines, etc.       \$ 400.00         10. Charitable contributions       \$ 400.00         11. Insurance (not deducted from wages or included in home mortgage payments)       \$ 200.00         a. Homeowner's or renter's       \$ 200.00         b. Life       \$ 0.00         c. Health       \$ 0.00         d. Auto       \$ 0.00         e. Other       \$ 0.00         13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)       \$ 0.00         13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)       \$ 0.00         14. Alimony, maintenance, and support paid to others       \$ 0.00         15. Payments for support of additional dependents not living at your home       \$ 0.00         16. Regular expenses from operation of business, profession, or farm (attach detailed statement)       \$ 0.00         17. Other       \$ 0.00         19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year       \$ 11,848.00         19. Describe any increase or decrease in expenditures reasonably anticipated to occur within	5. Clothing	\$	200.00
8. Transportation (not including car payments)       \$ 500.00         9. Recreation, clubs and entertainment, newspapers, magazines, etc.       \$ 400.00         10. Charitable contributions       \$ 400.00         11. Insurance (not deducted from wages or included in home mortgage payments)       \$ 200.00         a. Homeowner's or renter's       \$ 200.00         b. Life       \$ 0.00         c. Health       \$ 0.00         d. Auto       \$ 200.00         e. Other       \$ 0.00         12. Taxes (not deducted from wages or included in home mortgage payments)       \$ 0.00         (Specify)       \$ 0.00         13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)       \$ 0.00         14. Alimony, maintenance, and support paid to others       \$ 0.00         15. Payments for support of additional dependents not living at your home       \$ 0.00         16. Regular expenses from operation of business, profession, or farm (attach detailed statement)       \$ 0.00         17. Other       \$ 0.00         Other       \$ 0.00         18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)       \$ 11,848.00         19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year		\$	100.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.         \$ 400.00           10. Charitable contributions         \$ 400.00           11. Insurance (not deducted from wages or included in home mortgage payments)         \$ 200.00           a. Homeowner's or renter's         \$ 1,667.00           b. Life         \$ 0,00           c. Health         \$ 200.00           d. Auto         \$ 200.00           e. Other         \$ 0.00           12. Taxes (not deducted from wages or included in home mortgage payments)         \$ 0.00           (Specify)         \$ 0.00           13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)         \$ 0.00           14. Alimony, maintenance, and support paid to others         \$ 0.00           15. Payments for support of additional dependents not living at your home         \$ 0.00           16. Regular expenses from operation of business, profession, or farm (attach detailed statement)         \$ 0.00           17. Other         \$ 0.00           19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:         \$ 11,848.00           None anticipated         \$ 11,848.00           20. STATEMENT OF MONTHLY NET INCOME         \$ 11,848.00           21. Average monthly income from Line 15 of Schedule I <td>7. Medical and dental expenses</td> <td>\$</td> <td>200.00</td>	7. Medical and dental expenses	\$	200.00
10. Charitable contributions   \$ 400.00     11. Insurance (not deducted from wages or included in home mortgage payments)   \$ 200.00     12. Insurance (not deducted from wages or included in home mortgage payments)   \$ 1,667.00     13. Life	8. Transportation (not including car payments)	\$	500.00
1. Insurance (not deducted from wages or included in home mortgage payments)   a. Homeowner's or renter's   \$ 200.00     b. Life   \$ 1,667.00     c. Health   \$ 0.000     d. Auto   \$ 200.00     e. Other   \$ 0.000     12. Taxes (not deducted from wages or included in home mortgage payments)   \$ 0.00     13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)   \$ 0.00     14. Alimony, maintenance, and support paid to others   \$ 0.00     15. Payments for support of additional dependents not living at your home   \$ 0.00     16. Regular expenses from operation of business, profession, or farm (attach detailed statement)   \$ 0.00     17. Other   \$ 0.00     18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)   \$ 11,848.00     19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:   None anticipated   \$ 15,764.25     None anticipated   \$ 15,764.25     Late of the statistical Summary of Schedule I   \$ 15,764.25     Late of the statistical Summary of Schedule I   \$ 15,764.25     Late of the statistical Summary of Schedule I   \$ 15,764.25     Late of the statistical Summary of Schedule I   \$ 15,764.25     Late of the statistical Summary of Schedule I   \$ 15,764.25     Late of the statistical Summary of Schedule I   \$ 15,764.25     Late of the statistical Summary of Schedule I   \$ 15,764.25     Late of the statistical Summary of Schedule I   \$ 15,764.25     Late of the statistical Summary of Schedule I   \$ 15,764.25     Late of the statistical Summary of Schedule I   \$ 15,764.25     Late of the statistical Summary of Schedule I   \$ 15,764.25     Late of the statistical Summary of Schedule I   \$ 15,764.25     Late of the statistical Summary of Schedule I   \$ 15,764.25     Late of the statistical Summary of Schedule I   \$ 15,764.25     Late of the statistical Summary o	9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	400.00
a. Homeowner's or renter's b. Life b. Life c. Health c. Health d. Auto e. Other c. Other  12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) (Specify) 3. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  a. Auto b. Other a. Auto b. Other c. Other  14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other Other Other Other  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, fa applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  None anticipated  20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above  5 11,848.00	10. Charitable contributions	\$	400.00
D. Life	11. Insurance (not deducted from wages or included in home mortgage payments)		
C. Health   C. Auto   S.   200.00	a. Homeowner's or renter's	\$	200.00
d. Auto e. Other  12. Taxes (not deducted from wages or included in home mortgage payments) (Specify)  13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  15. Auto 16. Other 17. Other 18. Alimony, maintenance, and support paid to others 18. Payments for support of additional dependents not living at your home 18. Average monthly income from Line 15 of Schedule I  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  Neverage monthly income from Line 15 of Schedule I  Average monthly expenses from Line 18 above  10. Oon 10. Oon 11. Other Contraction of Month Line 15 of Schedule I  12. Average monthly expenses from Line 18 above  13. Installment payments  14. Alimony, maintenance, and support paid to others  15. Payments for support of additional dependents not living at your home  16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  None anticipated  20. STATEMENT OF MONTHLY NET INCOME  21. Average monthly income from Line 15 of Schedule I  22. Average monthly income from Line 15 of Schedule I  23. Average monthly expenses from Line 18 above  24. Average monthly expenses from Line 18 above  25. Average monthly expenses from Line 18 above	b. Life	\$	1,667.00
e. Other	c. Health	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) \$ 0.00  13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  a. Auto b. Other c. Other 5 0.00  14. Alimony, maintenance, and support paid to others 5 Payments for support of additional dependents not living at your home 6 Regular expenses from operation of business, profession, or farm (attach detailed statement) 7 Other Other Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  None anticipated  20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I s. Average monthly expenses from Line 18 above  11,848.00	d. Auto	\$	200.00
(Specify)  13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  a. Auto b. Other c. Other c. Other 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  None anticipated  20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I  Average monthly expenses from Line 18 above  \$ 15,764.25 b. Average monthly expenses from Line 18 above		\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  a. Auto b. Other c. Other 4. Alimony, maintenance, and support paid to others 5. Payments for support of additional dependents not living at your home 6. Regular expenses from operation of business, profession, or farm (attach detailed statement) 7. Other Other 9. 0.00  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  None anticipated  20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I  Average monthly expenses from Line 18 above  \$ 15,764.25 b. Average monthly expenses from Line 18 above	12. Taxes (not deducted from wages or included in home mortgage payments)		
a. Auto b. Other c. Other 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  None anticipated 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I 5. Average monthly expenses from Line 18 above  \$ 15,764.25 5 11,848.00		\$	0.00
a. Auto b. Other c. Other c. Other  14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other Other S 0.00  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  None anticipated 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I 5. Average monthly expenses from Line 18 above  \$ 15,764.25 5. Average monthly expenses from Line 18 above			
c. Other  14. Alimony, maintenance, and support paid to others  15. Payments for support of additional dependents not living at your home  16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  None anticipated  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 0.00  \$ 11,848.00		\$	0.00
c. Other  14. Alimony, maintenance, and support paid to others  15. Payments for support of additional dependents not living at your home  16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other Other Other  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  None anticipated  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 15,764.25  b. Average monthly expenses from Line 18 above	b. Other	\$	0.00
15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  None anticipated 20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 0.00  \$ 11,848.00	c. Other	\$	0.00
15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  None anticipated 20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 0.00  \$ 11,848.00	14. Alimony, maintenance, and support paid to others	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other Other Other  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  None anticipated  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  10.00  \$ 0.00  \$ 11,848.00		\$	0.00
17. Other Other \$ 0.00 Other \$ 0.00  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  None anticipated  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I \$ 15,764.25 b. Average monthly expenses from Line 18 above \$ 11,848.00		\$	0.00
Other \$ 0.00  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  None anticipated  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 15,764.25	17.01	\$	0.00
if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  None anticipated  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 15,764.25		\$	0.00
following the filing of this document:  None anticipated  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 15,764.25		\$	11,848.00
<ul> <li>a. Average monthly income from Line 15 of Schedule I</li> <li>b. Average monthly expenses from Line 18 above</li> <li>5</li> <li>15,764.25</li> <li>11,848.00</li> </ul>	following the filing of this document:  None anticipated		
b. Average monthly expenses from Line 18 above \$ 11,848.00		\$	15 764 25